

UNITED STATES OF AMERICA

IN THE WESTERN DISTRICT OF MICHIGAN

United States of America,
Plaintiff,

File No. 1:18-cr-166

v.

Hon. Paul L. Maloney
U.S. District Court Judge

Daniel Dario Trevino (D-1),
Defendant.

**BRIEF IN SUPPORT OF DEFENDANT DANIEL TREVINO'S (D-1) MOTION TO
DISMISS FOR FIRST AMENDMENT AND FOURTEENTH AMENDMENT
VIOLATIONS**

Attachment 4 – Fake MRI reports

Mid-Michigan Physicians Imaging Services

1540 LAKE LANSING ROAD, LANSING, MICHIGAN 48912

577- 913-3800

Medical Imaging Report

PATIENT: SHEPPARD, RACHEL L	AGE: 43	SEX: F	DOB: 10/19/1967
SERVICE DATE: 01/05/11	UNIT #: M000058702	ACCT#: V0002034443	
RADIOLOGIST: DARIN G. SMITH, DO		ORDER #: 0923-0010	
ORDERING DR: SHANNON V. MOBLEY, DO			
COPIES TO: SHANNON V. MOBLEY, DO			

LUMBAR SPINE MRI WO+W CONTRAST

Signs and Symptoms: Back pain, radiculopathy.

Multisequence, multiplanar MRI of the lumbar spine was performed with and without contrast on 01/05/11. Nomenclature utilized will be of five non rib-bearing vertebrae with a transitional lumbosacral segment as per previous x-rays. Chronic scattered Schmorl's nodes are present including T12-L1, L2 and in inferior aspect of L5. Degenerative endplate marrow signal changes are noted at L4-5 and the L5 transitional level and to a lesser extent some of the anterior and mid upper lumbar vertebra.

Conus medullaris terminates at 1-2 and is unremarkable.

The L1-2 level demonstrates small left paracentral protrusion without herniation or significant stenosis.

2-3 level is well visualized and is unremarkable.

3-4 demonstrates very mild bulge with disc dehydration, however no central canal or neural foraminal stenosis is present.

4-5 demonstrates central canal stenosis as a result of epidural lipomatosis, mild disc bulge and facet and ligamentum flavum hypertrophic changes. There is a small amount of enhancement along the posterior margin of the disc centrally which may be postsurgical. There is mild right and moderate left neural foraminal stenosis.

The L5 transitional level also demonstrates moderate central canal stenosis as a result of generalized disc bulge and associated broad central protrusion resulting in ventral concave effacement of the thecal sac. Vertebral spur and disc material extends into the inferior aspects of the neural foramina bilaterally resulting in moderate bilateral neural foraminal stenosis. There has been surgical removal of the right ligamentum flavum with right laminotomy defect. Associated enhancing granulation tissue surrounds the thecal sac.

As we extend inferiorly, there is a rudimentary disc at the transitional sacral level with a mild right neural foraminal stenosis.

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The exam is limited due to motion artifact from the patient's inability to fully cooperate. There is a thin linear focus of increased T2 signal vaguely seen on the precontrast T1 image though very well depicted on the postcontrast T1 sequence. I suspect that this is a benign filum terminaie lipoma and not as well visualized on the precontrast T1 due to motion artifact. Correlation with any prior outside MRs for confirmation would be of benefit to exclude a neuritis.

IMPRESSION:

1. MOST SIGNIFICANT FINDINGS ARE AT L4-5 AND L5 TRANSITIONAL LEVEL AS DESCRIBED.
2. MOTION ARTIFACT DEGRADES THE EXAM.

<<Signature on File>>

Signed _____
DARIN G DO

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